

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 11 1997 8:00am  
Secretary of State

DOCUMENT # N50228 (8)

1. Corporation Name

KEEP HILLSBOROUGH COUNTY CLEAN, INC.



Principal Place of Business

Mailing Address

10014 N. DALE MABRY  
SUITE 101  
TAMPA FL 33618  
US

PO BOX 273248  
TAMPA FL 33688-3248

3. Date Incorporated or Qualified  
08/03/1992

3a. Date of Last Report  
02/06/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-3138161

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BABIONE, MALCOLM  
409 BANNOCKBURN  
TAMPA FL 33617

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME OBERTING, CAM  
STREET ADDRESS 13318 E SLIGH AVE  
CITY-ST-ZIP TAMPA FL ☒ DELETE

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Michael F. Olsen  
1.3 STREET ADDRESS 16109 DARNELL ROAD  
1.4 CITY-ST-ZIP Lutz, FL. 33549 Pres.

TITLE VD  
NAME WALTERS, MARY ANN  
STREET ADDRESS 918 ALPINE DR  
CITY-ST-ZIP BRANDON FL ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Eddy Tamayo  
2.3 STREET ADDRESS 128 E. DAVIS BLVD.  
2.4 CITY-ST-ZIP #4 TAMPA, FL. 33606 V. Pres.

TITLE T  
NAME HOUGH, BOB  
STREET ADDRESS 6314 SOUTH CLARK STREET  
CITY-ST-ZIP TAMPA FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  
NAME MOYNIHAN, KATHRYN  
STREET ADDRESS BOCC P O BOX 1110  
CITY-ST-ZIP TAMPA FL ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Julie Murphree  
4.3 STREET ADDRESS 2915 W. SAW JOSE ST.  
4.4 CITY-ST-ZIP TAMPA, FL. 33629 Secretary

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL F. OLSEN 1/7/97 (813) 931-1010

CR2E037 (9/96)